

192

Medical Economics



November, 1923

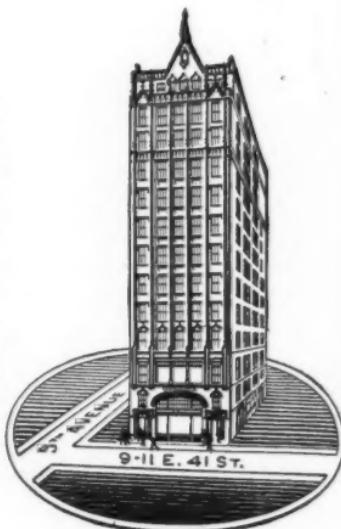
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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

H. SHERIDAN BAKETEL, M.D., F.A.C.P., *Editor*

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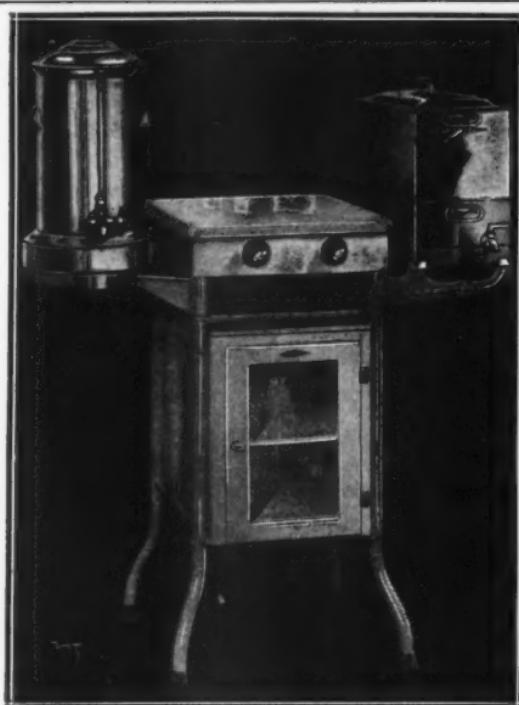




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Physician, Heal Thyself

EUGENE LYMAN FISK, M.D.
NEW YORK

There is something wrong with a world where lawyers have a lower death rate than doctors!

According to life insurance standards lawyers are given a rate, for their occupation, of 80 per cent, while doctors are rated at 110 per cent; which means that lawyers, as a class, have a death rate well below the average, while doctors, as a class, have a death rate well above the average.

What is the explanation of this remarkable difference? Are lawyers self-selected on the basis of a more vigorous constitution? Does the study of law appeal to an exceptionally healthy type of individual? On the other hand, does the study of medicine call into its ranks the least physically sound?

There would not appear to be any good reason to regard these postulates as correct. A group of medical students would compare on the average quite favorably with a group of law students, and there is a certain fairly rigorous selection with regard to the medical students who remain in medical practice and follow it permanently as a vocation. A successful physician must on the average be a man who commands the confidence of the community with regard to his personality and his physical and mental poise. Another confusing factor is that the lawyer's life

is sedentary as compared with that of the physician.

Probably the true explanation of these differences in the mortality rates of physicians as compared to lawyers would be found in the greater regularity of the lawyer's life, and the fact that he moves deliberately.

The law is proverbially slow! People have even said that "the law is an ass." It is well known, however, that a lawyer never feels it incumbent upon himself to give a direct and immediate answer to any question relating to the law. He gains merit by requesting opportunity to look up the authorities and precedents and arrange his brief.

The physician is expected to give an immediate answer to any question relating to health. The confidence of his patient would be impaired if he requested opportunity to look up the authorities. When a physician is called into an emergency case of illness, he cannot ask from the "Grim Reaper" a postponement of the proceedings until he finds the best way to meet the situation. He must deal with the crisis when it occurs and his responsibility then is often terrific and literally heart-breaking.

Angina pectoris has been called the "doctor's disease." There can be no question but that the continual responsibility of life and death imposes a serious emo-

Dr. Fisk is widely known as Medical Director of the Life Extension Institute of New York.

As the power behind the throne of that important institution, Dr. Fisk is internationally regarded as an authority on all that pertains to physical examination.

tional strain and tends in many ways to set up those functional disturbances which may later result in organic changes.

With the growth of specialism, with the increasing tendency to systematize the physician's work, to make it in some respects more like the lawyer's work, to bring into the consideration of serious cases of illness collateral aids, this heavy personal responsibility of the physician may be mitigated or distributed. The physician

Unless the physician can bring to these tasks a healthy mind and body, he is not only severely handicapped but his patients do not have the best they are entitled to from the practice of medicine. There are physicians so talented that their counsel and service may be worth more when they are ill than those of lesser men when they are well; but that is no justification for talented men to neglect their health or fail to give to the public the



"The average physician, when ill, is a pitiable object"

will be more and more protected by the precautions he takes in the way of laboratory and specialized study of his patients, by measures recognized to be the best available means of interpretation.

It is plain, however, that necessarily the physician's life must be one of great mental strain. It is not alone the responsibility of life and death and relief of human suffering, but the increasing complexity of medical science and the imperative need that the conscientious physician feels for intensive study of the problems of disease and health in order that he may give his patients the best that science affords.

best service that they can train themselves to give.

Inasmuch as a periodic health examination is now regarded as one of the elementary fundamental steps to be taken in the preservation of health and the upbuilding of vitality, the wise physician will put aside his self-sufficiency, his old fashioned traditional formula of "do as I say and not as I do," and endeavor by his own example to assist in educating the community with regard to these first principles of personal hygiene.

A physician who thinks that he can stick to clinical medicine and wholly ignore personal

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Is Your Car Insured?

H. SHERIDAN BAKETEL, JR.
NEW YORK

Doctor, is your car insured? If not, you are flying in the face of Providence.

Whether it cost \$300 or \$6,000, no car should be driven unless covered by insurance. Far greater are the hazards accompanying the use of the automobile today than of the other ordinary usages of life.

A man may feel that because of his good driving, lack of desire to speed, etc., insurance is not necessary. But the fact always remains that he can never be sure about the other fellow. In short, it is impossible for him to divine what is in the other person's mind and what may happen as a result.

A recent collision loss in Newark, N. J., will illustrate the point. The chauffeur of a truck driving east, followed closely by a pleasure car, failed to notify the driver of the latter of his intention to turn north. To avoid the imminent collision, the pleasure car turned with the truck and missed it but crashed into a second truck driving west.

Investigation disclosed that the insurance on the pleasure car, which was a total loss, and was later sold for junk, had been allowed to lapse a month earlier. The result was that this owner was out of pocket to the extent of one car and in addition was compelled to stand certain dam-

ages which the truck owner did not have covered, such as loss of use and of time, expense of putting into service a substitute truck, etc.

In this instance, if the pleasure car owner had carried Collision Coverage, he would have been reimbursed for the damage to his car. Had he been covered by Property Damage, he would not have been forced to stand the truck owner's loss.

Following are the forms of automobile insurance:

- 1.—Fire and Transportation.
- 2.—Theft.
- 3.—Collision.
- 4.—Property Damage.

5.—Liability.

As a general thing, Fire, Transportation and Theft are written together on one policy, although it is possible to get coverage against the fire hazard alone.

Fire and Theft, as it is commonly called, is now written only on the so-called Non-Valued form. This means merely that in the event of loss, the market value of the car at the time of the loss is made the basis of adjustment.

As an example, assume that a two thousand dollar car, five months old, is stolen. Very probably its market value after taking into consideration five months depreciation, is seventeen hundred dollars. Consequently, although the car may be insured

Mr. Baketel of 64 Wall Street, in his introduction to the great field of insurance in October MEDICAL ECONOMICS, turned a hasty glance toward the subject of automobile insurance. The purpose of this article is to make a detailed study of one of the most intricate of insurance problems, and one which interests physicians more than any other special class.

(Continued on page 44)

Group Medicine in the Small City

JOHN E. LEGGE, M.D., F.A.C.P.
CUMBERLAND, MD.

Group practice is the result of the process of evolution taking place in medicine today, and group medicine in some form is going to remain.

Some years ago two of us, recognizing the necessity for team work in medical practice, set about to establish a group that we thought would supply the needs of a city of 30,000 to 40,000 population, as well as to serve a surrounding community of probably 100,000 additional.

With an internist and a surgeon as a nucleus, we endeavored to select men whom we deemed best equipped by training and experience to occupy positions in the departments of eye, ear, nose, and throat, obstetrics and pediatrics, genito-urinary diseases, orthopedic surgery, domiciliary and general practice, as well as technicians for x-ray and clinical laboratories, with the latter under the jurisdiction of the internist, who has at least an average knowledge of both.

We purchased a building in the business section of the city three stories in height, covering a lot 50 x 50 ft., which we felt could be remodeled to suit our desires and needs. When completed we had expended \$50,000 and possessed what we believe will satisfy our every want. Upon the first floor we have a large reception hall and four suites of

offices; the second floor is similar to the first but contains five suites of offices, the rooms being smaller. The reception halls are appropriately furnished and all rooms have ample light and heat. Three living apartments on the third floor are rented and this additional income practically defrays the entire expense of the building. Later on we will convert these apartments into offices, install an elevator and thus use the entire building. So far we have not deemed it expedient to do so.

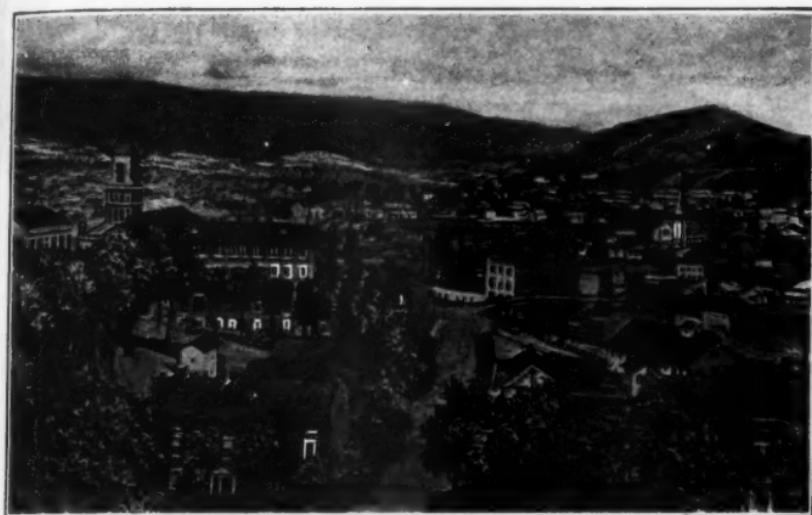
The building is owned by six of the group and the holding company is incorporated. Rents are determined by the owners and each one has charge of some department.

The laboratories are under the supervision of the internist. Another physician looks after the building in general, having charge of janitor, telephone girls and supplies. Yet another acts as secretary and treasurer, caring for all money received or expended.

We do not divide our fees in any manner whatsoever. Each man is his own landlord and banker. He makes his own charges and is responsible only to himself for his finances. There has never been any tendency to commercialize our services, and the desire to be of service to the profession and community has been our paramount aim.

We have so arranged our rela-

Dr. Legge is the outstanding internist in Western Maryland. Educated in Baltimore, with supplementary hospital work in the medical centers of Europe, he takes into his group a keen intellect and a highly trained medical mind. His general scientific knowledge has aided materially in its success.



tions with each other that in many cases an examination by two of the group is made without an extra charge. This is true in cases where the patient is able to pay a modest fee, but we always reciprocate for such courtesies extended. In other cases a flat fee will be charged and the fee divided, always allowing the larger portion to that member to whom the patient looks for his treatment and advice.

The laboratories are used in the same manner. They have never been used as money making devices, but as adjuncts in assisting us to arrive at a satisfactory diagnosis. They are operated at a minimum expense to the patient and repeated roentgenograms or series are taken at prices which seem ridiculously low in comparison. Many times laboratory tests are made upon consecutive days upon the same patient and blood Wassermanns are sent to a second laboratory in order to obtain the most reliable data possible.

We are probably extravagant in the use of films and chemical reagents but our conception of the value of laboratory results is to obtain the same findings after repeated efforts. We are rewarded

by a sense of duty performed, and the patients appear to realize they are in an environment that is interested in their welfare and they inform their friends of the arrangement. The group thus serves to attract new patients who are distributed among the various members as their physical conditions demand.

An asset to the small city group is the necessity for the members to maintain an at least partially dissociated practice in their respective fields, inasmuch as many of the patients see only the one physician from the beginning of their illness until recovery. In this manner the doctor retains the viewpoint of the individual practitioner, which is stressed by Vaughn in a recent number of the *Southern Medical Journal* as being so desirable. We never hesitate to have as many examinations by as many different men as are deemed advisable in order to elicit any information that is obtainable or that will in any manner assist in arriving at a correct diagnosis.

Since the formation of our group we have all experienced the pleasure that comes with success. Individually and collectively we have grown, and all are

proud of the clientele we have succeeded in persuading to favor us. Our charges are made in accordance with the ability of the patient to pay, and we endeavor to be frank and honest with our patrons in all professional and financial dealings.

We are not ready to acknowledge that members of so-called groups lose personal touch with their patients. They may lose some of the vital points in neighborhood gossip, as they are too busy to spend so much time in that special line, but they manage to retain their interest in all patients by means of correspondence if they are from a distance, and if any suggestions are thought necessary we communicate with the attending physician and he makes the changes intimated. Very few, if any, "feelings" are injured in this manner, and, indeed, very often the hard worked country doctor will express his thanks for this courtesy. No letters are written to the patient direct, but are sent to the attending physician, and the patient is notified that such a communication has been forwarded. In this manner we have succeeded in retaining the friendship and confidence of our colleagues and have thus avoided the frequent petty quarrels that are so prone to occur among medical men when they think that someone is doing something "behind their backs."

Weekly clinical conferences are held and while they are not upon the scale of those in hospitals, they are very interesting and take up different angles of the work of the preceding week. At one time it may be a case that has gone to autopsy (although we do not often succeed in gaining permission for such a purpose) or it may be more than one patient with the same diagnosis, but a clinical picture somewhat different, or one of the members may read a paper upon a subject in which he endeavors to feature all the available data during a specified period. At each meet-

ing a case record from some well known clinic will be read and the diagnosis made by the members of the group will be given with their reasons. Often the discussion will be participated in by all before the anatomical findings are made known. We consider this an excellent way to keep the men alive to the necessity of reading the literature, and believe that by surrounding ourselves with an atmosphere permeated with emanations from medical sources our intellects will be the keener for so doing.

We insist upon our members attending the meetings of the different national and as many of the smaller societies as is possible. We long ago learned how essential it is to exchange stories with the other fellow if we wish to be able to tell a good one. Many times it entails considerable loss in finances and time, but the intellectual reward more than balances any such loss.

We have read many articles and listened to many discussions concerning group medicine. Those who are engaged in such practice praise it the highest and those who know nothing about its advantages offer the most objections. Many of the latter are in reality practicing group medicine and need but to be under the one roof in order to learn the advantages such an arrangement offers in time saving as well as permitting immediate discussion of the cases while the facts are still fresh in mind.

The small city group is not always one grand, harmonious body. There are many times when clouds obscure the horizon and it is often essential that the wrinkles be pressed out of the cloth in order to assure the smooth functioning of the component parts. Human nature is the same everywhere.

We are daily recognizing defects in our system and are constantly attempting to remedy them. Many of them still remain uncorrected, but we are hoping

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Fundamentals of Investment and Speculation

AUSTIN H. FITTZ, PH.B., LL.B.

Director of Financial Management, Babson Institute,

WELLESLEY HILLS, MASS.

The fundamental distinction that results in the classification of one man as an investor and another man as a speculator is a difference in the methods they employ to cause money to give back more money. Both the investor and the speculator seek a return on capital outlay. The investor, however, anticipates securing this return through income; it is the effort of the speculator to obtain it from a profit he expects to make by buying and selling at different prices.

Buying and Income

The French, who are well known for their thrift, have a phrase "buying an income." This phrase expresses the psychology that distinguishes the investor from the speculator. Since the investor wishes income it follows as a corollary that his first consideration must be the safety of his principal; for the effect of the loss of even a portion of his principal will be either to reduce his income or to wipe it out altogether. Naturally the investor will wish to get as large an income as is consistent with the safety of his principal. He may or may not find it necessary that the securities he owns shall be readily marketable. A great many

Mr. Flitz, as director of an important department in the Babson Institute, has created for himself a leading position in his field. He is a graduate of Brown University and Harvard Law School. This article is the first of a series on bonds and stocks, each one of which is replete with practical value.

investors buy for continuous income only, without a thought of ever selling the securities they purchase, and for such investors marketability is normally a negligible factor.

Purpose of Speculation

On the other hand, the primary consideration of the speculator is to obtain as large a return on his capital outlay as he can get. First of all, he seeks profit. In order to secure this profit he must have

a ready market. Otherwise, he may not be able to make a profit by buying and selling securities, because very likely he will be without a customer when he wishes

to sell. Hence, one of the advantages gained by listing securities on a stock exchange; particularly the largest exchange of all, the New York Stock Exchange; although it must be recognized that of itself listing does not insure an active market.

The speculator cannot make the profit he seeks without incurring risks; for, if he could, all men would be either speculators or investors and there would be no distinction between the two because investment would offer no advantages over speculation, or vice versa. Therefore, he must subordinate the element of safety

of principal to considerations of profit possibilities and marketability.

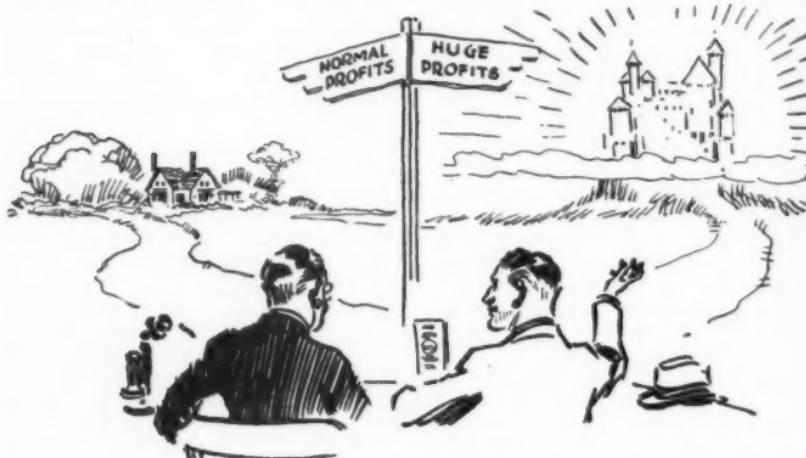
Bonds and Stocks

As a class, bonds are safer than are stocks. Hence, bonds are looked upon as suitable for investment and stocks are regarded as proper media for speculation. The fact, however, that some bonds are not so safe as are some stocks shows that no hard and fast line can be drawn between the two classes of securities that will put all bonds in the class of

many of our States, particularly those of the South after the Civil War, have defaulted. Defaults by municipalities are not uncommon. The holder of a Government obligation is dependent upon the ability and the willingness of the debtor to pay. The creditor is protected by no mortgage security.

Security

In purchasing the securities of business corporations for investment the most important consideration of all is stability of earning power. As a class, public



investments or all stocks in the class of speculations.

Classification of Bonds

Bonds include:

(1) The obligations of governments or subdivisions thereof, such as counties, cities and towns, and

(2) The debts of business corporations.

Business corporations are divided into three classes:

(1) Railroads.

(2) Public utilities.

(3) Industrials.

The bonds of governments and of municipalities, although on the whole entitled to a high rating as investment securities, at times, unfortunately, have disappointed their holders by not living up to their reputations. In the past

utilities, particularly electric lighting companies, have greater stability of earning power than do railroads. The earnings of many industrial companies fluctuate greatly.

The security of the position of the bondholder is a matter of very great importance. The longer the list of junior obligations, the better the position of the holder of a senior issue. For example, generally speaking, the owners of the first mortgage bonds of a corporation that has issued second mortgage bonds (often called "refunding mortgage" bonds), third mortgage bonds (frequently designated "general mortgage" bonds), debenture bonds, and preferred stock are safer than are the first

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The Liaison Officer Between Manufacturer and Physician

J. J. McCARTHY, M. D.

PHILADELPHIA, PA.

Detail — to relate particularly — a minute account. Detailer—one who relates particulars.—(Webster's Dictionary).

When Webster gave us these definitions, he little realized that the words would be used to designate a particular line of endeavor, and the coining of a designating phrase, "Detail Man."

Forty years ago the pharmaceutical houses commenced to send representatives to call on the doctors for the purpose of advising them of the merits of their preparations. In time they became known as "Detail Men."

Those first engaged to carry on this work were rather crude, usually poorly trained, and many of them had an exaggerated ego. They thought "they knew it all" and that the physician must be "taught." Many of them were long winded, and told their stories in a rambling, disconnected singsong way that left the physician in a haze, regarding the "facts" they tried to present. The doctor listened, accepted the samples, and allowed them to depart, realizing he had gained no new therapeutic knowledge. The impression they left was unfavorable at times.

All this is changed today. The detail man who now visits the physician may be regarded as an expert in his line. He is pre-

pared to tell briefly the merits of the product he is introducing, and he is anxious to answer any questions. He is tactful, and realizing you are a busy man, outlines his facts so you can grasp them quickly. He has no "story," just the truth, backed by careful laboratory and clinical experience.

You know that in the hurry of everyday work you cannot grasp the ever-increasing volume of new methods and suggestions regarding the treatment of disease. The pharmaceutical and surgical houses are helping in many ways to lighten your labors. Thousands of dollars are spent annually by these firms

in laboratory tests before the preparations and appliances are tried out clinically. To further give you the absolute assurance of their merits, a searching clinical trial is demanded before they are presented to the profession.

To enumerate the many large and small points the detail man has passed on to the medical practitioner would be burdensome, so let us consider only a few. Take the subject of infant feeding. How little the modern text books on medicine give to this subject. The author will tell you how such and such a combination is beneficial to the baby's

Of all the men qualified to write on this topic, we know of none who can speak with more authority than Dr. McCarthy. Formerly a reporter on the New York World and for years a field representative of the Charles H. Phillips Chemical Company, he possesses an experience which amply fits him for the purpose at hand.

welfare, but the actual conditions in the case in question demand proper attention. The doctor knows many foods have their advantages but one or the other does not fit in this particular patient's condition.

The manufacturer of two of the well known brands of infant food has a specially trained force to call upon physicians and explain the intricate points that may arise in the feeding of the baby. Once a year these men are given a two weeks post-graduate course regarding every factor in infant feeding, and when they go to you they are posted "up to the minute." Their facts are told concisely, and in such a way that the doctor can grasp them easily and retain them for future use.

In the field of genito-urinary diseases, particularly syphilis, the detail man has been most helpful to the physician. From the day that Ehrlich announced his important discovery of salvarsan many advances have been made in the technic and the uses of this product. The labor and money spent by the manufacturers to insure a thoroughly prepared drug is not properly appreciated.

In addition to all the laboratory work a trained force of men is in the field to assist physicians should they desire practical information on the details of this somewhat elaborate technic. More than one doctor has told me how much he appreciated the advice of these men, who have helped him over his troubles, in making up and administering the drug. They have demonstrated to the doctor that salvarsan and its derivatives can be given easily and safely if proper attention is paid to the niceties of technic, such as careful preparation and filtration of the solution and attention to the patient's toilet. Thus the detail man gives comfort and confidence to the patient and satisfaction to the physician.

In all surgical operations, whether of a major or minor character, the success of the

operator depends not alone on his skill in handling the knife, but also in the use of the adjuncts which he employs. One of the most important of his materials is catgut. In the making of catgut (which, by the way, comes from the intestines of the sheep) particular care must be used in preparing sutures that will meet all requirements, especially as to sterility and strength. The leading manufacturer of ligatures has spent thousands of dollars in perfecting its methods of manufacture, and the work of experimentation is still being continued to find possible methods of improvement.

Too often the surgeon's patience has been tried by the sudden snapping of the catgut close to the knot, just as he was about to consider the matter complete. Often the maker of the catgut is blamed. Here is where the liaison officers sent out by the surgical houses have been of valuable service to the surgeon. They have been able to demonstrate to him that the perverse behavior of the catgut is not the fault of the manufacturer. They do not undertake to tell the doctor how to perform the operation, but, being experts on the subject of catgut, the points of its manufacture, its tensile strength and the like, they are in a position to advise the surgeon when such advice is welcome.

A whole chapter could be written on cotton and its application in medicine and surgery. The word "absorbent," as applied to all makes of this downy substance does not mean much to the general public, but it does to the physician. How many doctors take the time to even find out what the word absorbent means, and how often are they cheated in purchasing a cotton product that is no more absorbent than a piece of ordinary cloth. In the making of real absorbent cotton, a long fibre is used, thus insuring high absorbent power. The smaller the fibre, the less absorbency, and more must be used. It

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is a fact that the "cotton" often put out by some houses never grew in a cotton field. Its first home was in the rag bag, and when dressed up in its Sunday-go-to-meeting clothes it is surely deceptive. The detail man representing the reputable makers of cotton products is of great help to the physician in showing him the merits of a real absorbent cotton, free from all impurities and deceit.

The subject of the care of the teeth is being featured in many interesting articles in the magazines, and in very cleverly written advertisements. There should be the proper cooperation between physicians, parents, children and dentists. How often does the doctor find his patient with a heart lesion, due to a focal infection. It is just as much the duty of a doctor to tell his patient to keep his teeth clean as it is the duty of parents and dentists. And the physicians have begun to take interest in this matter. The various makers of preparations for the care of the teeth, firms which have given conscientious effort in the production of a meritorious preparation, are now sending their liaison officers

to the physician and he is greatly appreciating this service. Good teeth mean good health, and the missionary work done by these firms and their field men is sure to have a telling effect in producing better and healthier children.

In conclusion let me as a detail man of many years' experience ask you members of the noblest profession on earth to bear with patience our visits to your offices. We are all human, and all have our little frailties, but we seek to be fair with you in every way. We are trying to serve you. Neither firms nor detail men are trying to "put anything over" on you. When we visit you we are very sure of our ground, but are always open for your kindly suggestions and advice. We need you and you need us, for our goods are meritorious. The product without merit soon dies. Hundreds of useless drugs have gone the way of all the earth and their demise did not even produce a ripple on the sea of life. With the true and tried preparations growth has been steady, due to the confidence of medical men who find that the scientifically prepared product is of real help to them.

How Much Money Will You Have when You Are 65?

The Excelsior Savings Bank of New York is encouraging its patrons to save systematically. In one of its pieces of literature it presents a table which shows how much to save each month at a certain age to reach a goal, with interest at 4% compounded quarterly.

Amount You Want at Age 65	YOUR PRESENT AGE												
	20	22	24	26	28	30	32	34	36	38	40	45	50
\$5,000	\$3.31	\$3.64	\$4.02	\$4.44	\$4.92	\$5.46	\$6.08	\$6.80	\$7.62	\$8.58	\$9.71	\$13.60	\$20.27
10,000	6.62	7.29	8.05	8.89	9.85	10.93	12.17	13.60	15.24	17.16	19.42	27.21	40.54
15,000	9.94	10.94	12.07	13.34	14.77	16.40	18.26	20.40	22.87	25.74	29.13	40.82	60.81
20,000	13.25	14.59	16.10	17.79	19.70	21.82	24.35	27.20	30.49	34.33	38.84	54.42	81.08
25,000	16.57	18.24	20.12	22.24	24.63	27.34	30.44	34.00	38.11	42.91	48.55	68.02	101.35
30,000	19.88	21.89	24.15	26.68	29.55	32.81	36.53	40.80	45.74	51.49	58.26	81.64	121.62
40,000	26.51	29.19	32.20	35.58	39.40	43.75	48.71	54.40	60.99	68.66	77.69	108.85	162.17
50,000	33.14	36.49	40.25	44.48	49.26	54.69	60.89	68.00	76.23	85.83	97.11	136.06	202.71

The bank has this trite sentence as a slogan:
SET YOUR GOAL AND SAVE A FIXED AMOUNT EACH MONTH — SAVE WHILE YOU EARN!

No Pay in Thirty Days and What to Do

EDWARD H. SCHULZE
NEW YORK

Every physician should see that a statement is sent with a brief letter if his bills are not paid in thirty days. Any one of the several letters shown in this article will serve the purpose.

The letter is important because whereas, in our first billing, we could use forms, the patient must now be led to feel that, by not paying his bill, he has brought himself to the personal attention of the physician. Any physician who has no office assistant can have his letters typewritten by someone during spare time. The wives of many physicians have helped

their husbands by keeping their accounts, receiving, oftentimes, a percentage of the sums collected for "pin money."

If the physician really desires to collect his bills, he can do so. But if he does not care—then he should admit that he is making it harder for his brother professional men to

collect their bills. Carelessness breeds contempt and if patients think "the doctor can wait" they soon slip from that attitude to one in which "the doctor can go hang."

The following letter is a good and short one to accompany a statement:

This is the second of a series of articles by Mr. Schulze on a subject of vital importance to all practitioners of medicine. The third will appear in the December number of MEDICAL ECONOMICS.

Dear Mrs. Blank:

There is no doubt that you intended to send your check in payment of services shown in attached statement.

Now that I have called it to your attention I am sure you will take care of the matter with the usual promptness you observe in handling charges of a professional nature. Sincerely yours,

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The medical man, knowing his patient, may desire to use another letter, slightly stronger:

Dear Mrs. Blank:

Professional men are continually asked to submit their unpaid accounts to "collectors," but I have felt that my patients would certainly not want to be inconvenienced by having someone persistently calling on them for the purpose of collecting a bill that can be easily settled by mail.

I will appreciate your taking care of the attached statement. Doubtless you overlooked paying it a month ago.

Sincerely yours,

Here is still another letter which may answer the purpose:

Dear Mrs. Blank:

The attached statement is a reminder that you have overlooked payment of bill sent you a month ago.

I can appreciate how this may have slipped your mind and now that I have called it to your attention a second time, I am sure you will forward check without further follow-up on my part.

Thanking you, Sincerely yours,

Possibly none of these letters have appealed to the reader, so I give still another that has been successful:

Dear Mrs. Blank:

Most professional men dislike book-keeping and I am sure that you will take care of the attached statement so that I can mark your account "paid in full" and thus give us both the satisfaction of having it out of the way.

You will pay it eventually--doing it now saves us both time. Thank you.

Sincerely yours,

The Problem of Medical Care in Rural New England

JOHN MARTIN GILE, A.M., M.D.
Dean of the Medical School of Dartmouth College,
HANOVER, N. H.

In the smaller towns and hamlets of rural New England one frequently hears the remark, "We have no doctor and there is no doctor near enough for us to be able to secure one with reasonable promptness when needed." In New Hampshire this has come to be felt as so definite a hardship that the subject has been brought to the attention of the State Legislature and sufficient influence has been secured to bring about the passage of a bill allowing towns to subsidize a physician. A feeling of this sort is doubtless subject to great exaggeration and perhaps a condition of semi-hysteria that is out of proportion to the actual hardship. Let us for a moment consider what the actual statistics indicate.

Fewer Physicians Are Graduating

In 1920 the medical schools in New England graduated 32 per cent less physicians than were graduated in the same territory in 1900. New York and Maryland, which had formerly sent many physicians to New England, had about an equal decrease in medical graduates in the twenty years specified.

The result has been a fairly steady decrease in the number of

Dr. John M. Gile has for many years been a trustee of Dartmouth College and dean of the Medical School, which has just celebrated its 125th birthday. He is New Hampshire's outstanding surgeon, sometime president of many societies, a former member of the Governor's council and a leader in New Hampshire and New England life.

physicians in proportion to the population, and this decrease has practically all been in the rural districts. In Boston, for instance, in 1900 there was one physician to every 325 of the population and in 1920 one to every 350 of the population, a change of very slight importance.

In the more northerly districts of New England, however, there was in 1900 one physician to every 530 of the population, while in 1920 it was one to every 700. This latter proportion does not seem at all alarming, but a study of the ages of the medical men as between city and country districts suggests that in the near future the situation may become definitely serious.

Country Doctors Are Older

To cite again the largest New England city, Boston, the average age of the physicians in that city is 44, whereas in rural New England the average age is 52 plus. This, of course, indicates very clearly a trend in the location selected by the younger man.

Due to the very long course of preparation for practice, the average age of the profession everywhere is high, but the average age of 52 in the country becomes rather startling. It means that

a very large per cent of the men now in country practice located there in the eighties and nineties of the last century when medical schools were much more abundant than now and when many more men were graduating each year.

Competition was consequently so close that the man of average or inferior preparation felt that the country was the only place where he stood a reasonable chance of success. Now with the greater standardization of medical education and with the rather excessive cost of such education, the graduate in medicine feels that he has so large an investment in himself that he cannot possibly afford the relatively small return that the country practice offers.

Superior Facilities Attract to Cities

Again, the majority of these men, trained as they are in metropolitan schools, feel that they cannot do justice either to themselves or their profession under the less favorable conditions offered by country practice. The laboratory, the consulting specialist, the highly equipped hospital, present an opportunity for a grade of work that the rural district can never offer.

The concentration of the medical schools in metropolitan centers seems to be one of the more important factors in producing the situation just detailed, and it seems to give no future promise for a sufficient medical supply in the outlying country.

Some Compensation for Scarcity of Doctors

There are, of course, certain modern offsets that render a

scarcity of physicians less serious than would have been the case twenty years ago. The rapid conveyance by automobile allows the practitioner to do two, three or four times the amount of work that he could do with horses. In all northern New England, however, this relief does not prevail during from three to five months of winter snow. The small hospitals that have been established at rather frequent intervals, even among relatively scattered populations, may and do give great relief and a large class of cases and particularly for the obstetric work which so often becomes of the character of an emergency. Public health and district nurses lessen materially the number of calls demanded from the physician, though these latter are not often found in the smaller and more remote hamlets. But none of these or all of them put together can fully compensate for the passing of the country doctor.

More Medical Schools Necessary

The present trend of medical education seems to offer no relief and the sense of necessity must probably become much more acute than at present before the educational trend will so change as to restore an approach to the former supply. There will then occur the establishment of schools requiring a somewhat shorter and less expensive preliminary education, devoting themselves specifically to the production of general practitioners of medicine, probably even in a shorter time than the present standardized four-year institutions. These colleges will make no effort to produce research men but will simply try to supply good doctors in

(Concluded on page 43)

Is it "good business" for the three or four doctors in a small town to combine offices with a common bookkeeper and all office appurtenances? It is being done in various places and we will gladly publish details if an interested physician will furnish them.

One Means of Added Income to the Country Doctor

BY A COUNTRY DOCTOR

"How can I increase my professional income?" is a question I often asked myself.

A physician in a neighborhood of scant 2000 people, with active competition, is not likely to develop the financial resources of a Rockefeller or a Henry Ford. Still he can go far over the mythical \$700 a year (the alleged average income of the physician of the United States) if, in the language of the street, he will "use the old bean."

I set my "bean" to cogitating a

few years ago, for I thought I should collect more than \$1,800 a year. An increase in office work appealed to me because in my part of the world office practice is infinitesimal. I figured that more work at home meant less driving over a hard, hilly country.

In a play I once saw in our nearest large city an actor taking the part of a butler kept dashing about the stage at every climax, saying "what to do, what to do?"

I frequently said this to myself and finally decided that a brief journey into the realms of electro-therapy would not be amiss. I had plenty of room in my office for electrical apparatus, and we had a good power plant in town. To make matters better I had some credit at the local bank.

Having reached a decision and feeling the need of a little vacation, I took a dollar or two out of my savings account, tore my good wife away from the garden, chickens, bees and the other denizens of her tiny backyard farm, and went to the big city to garner



Dr. J. J. R. MacLeod

The Nobel prize for 1924 has been awarded to two Toronto physicians, Dr. MacLeod and Dr. Banting, who looks at you from the opposite page. Their discovery of insulin for the treatment of diabetes entitles them to outstanding importance as medical research workers.

a harvest of pointers in electro-therapy.

As the result of my investigations, which on account of the state of perpetual leanness of my pocketbook, had to be concluded in a few weeks, I was "sold" on the proposition that few conditions come to the attention of the doctor which cannot be improved and in many instances cured by the aid of electricity. In some cases the current is the curative agent and in others it is supplementary.

While possessed of very little mechanical ability, I applied myself diligently to the whys and wherefores of the science and mastered the fundamentals. Experience makes perfect and I found later when actual work came to me, that I had laid a solid foundation.

It was surprising to learn the wide extent of electricity's usage in the practice of medicine. If MEDICAL ECONOMICS devoted itself to therapy instead of exclusively to the business side of medical practice, I might go into considerable detail regarding my employment of this particular form of therapy. The editor will, I doubt not, permit me to say that electro-therapy has as a field the entire body.

In the eye, ear, nose and throat we use it in blepharitis, retinitis, in different types of deafness, rhinitis, inflammatory conditions of the sinuses, chronic tonsillitis, migraine and congestive headaches. Then electricity can be employed with satisfaction in bronchitis, angina and levitations in the blood pressure.

Some of the abdominal conditions in which electricity in its various forms is successfully used are adhesion, hiccoughs, constipation, chronic appendicitis and the diseases of the pelvic viscera. Diathermy is most advantageous in acute and chronic gonorrhea and other genito-urinary difficulties. Space forbids going into details on the variety of diseases in which electro-therapy can be used, but we may mention by name sciatica, lumbago, chronic rheumatism, arthritis, chronic ulcers, neuritis and the like. Then we can fulgurate adenoma, papilloma and warts and—

But we are getting far afield from the business side and onto the therapeutic side of the fence, so we abandon that part of the dissertation to the electro-therapeutic journals.

How much apparatus is necessary, the reader wonders. This depends entirely on how much work the physician expects to do.

Dr. F. G. Banting

The co-discoverer of insulin is modesty personified. Acknowledging his indebtedness to Dr. MacLeod, he also includes Mr. C. H. Best, a Toronto medical student, as a co-discoverer, and says of Best, "You are with me in my share always." Best shares with MacLeod in the Nobel prize.



Let the increase in practice determine the apparatus one is to obtain. Of course, we must start out with a good high frequency machine, so that is regarded as the basis of our apparatus. From this we get also the D'Arsonval current, which is employed so much, and the Oudin current. Later on one will need a low tension apparatus, but if he can buy it at once he is that much better equipped.

Now back to the business side. The cost depends on the amount and kind of apparatus. The best is none too good and is the cheapest in the end.

What does it mean on the financial side to the physician equipped for such work? In this part of the world office calls are 75 cents. Before the war 50 cents was the ordinary charge. Medicine is usually included, although in some instances that calls for a small extra charge.

Today patients treated with electricity never pay less than \$2, and from that up to \$15, depending on the amount and type of treatment. And they pay it gladly, too, because they get certain definite results, of which we are not certain when we depend on drugs alone. Do not understand that I think electric current a cure-all. Far from it, but we give the patient a better "run for his money" when we employ electricity in the general run of cases in which it is indicated.

When a country physician goes to the big city for study, every one within a radius of twenty miles knows he is taking a post-graduate course. They are interested, for his patients know that more knowledge on the doctor's part means better service to them. When a lot of apparatus is unloaded at the freight station, the populace is speedily informed that "Dr. Blank has got a lot of machinery up in his place that will cure you instanter." When they feel the tickle of the current they are impressed. Better still, when old Bide Binkins, down at Bairland Corners, who long has been

crippled up with rheumatism, comes to the village and surprises the people by the ease of his locomotion, they do not need Bide's spoken words to realize that "Dr. Blank's machinery certainly has some kick."

The old ledger used to look pretty lean some years. It showed little opportunity for the children to get a college education unless they earned their own way. The income tax collector was no nightmare. He was a myth. Today he is an actuality. The \$1,800 a year days are gone and last year your Uncle Samuel took away from us some real, and to us, big money. But we do not begrudge it. Business is good and getting better every month. The flivver and its more expensive brothers bring patients to our office from distant points. County lines are obliterated.

More electrical apparatus has been installed in a new addition to the office. A young lady assistant helps in our work and keeps the books, a bit of labor which not long ago required but a few moments each day. We are looking forward to the time when we can eliminate night work and limit house calls to a few hours in the forenoon.

Better still, and of much more importance, our patients are getting far better results. I am a better diagnostician and patients benefit.

All country practitioners cannot develop an electro-therapeutic practice, but there are many, without doubt, who, as I did, can find in a neighborhood of 2000 people some good outlet for their activities.

The Essence of Peace

"I wisht I was a little rock
A-settin' on a hill;
A-doin' nothin' all day long
But just a-settin' still.
I wouldn't eat, I wouldn't drink,
I wouldn't even wash;
I'd set and set a thousand years
And rest myself, by gosh!"
(Exchange.)

Public Health as a Career

EDWARD H. MARSH, M.D.
NEW YORK

Most physicians are well trained in the curative art, but comparatively few know much about preventive medicine. Heretofore our viewpoint has been entirely that of the pathologic aspect of medicine; as physicians, we have ignored largely the preventive side and have left it for a relatively few public health officials and their co-workers in the semi-public and private organizations to initiate and carry on the work in this field.

Conditions are rapidly changing, however, and at this time there is in process of development a plan for nationwide individual health examinations, which calls for the active cooperation

of the entire medical profession in work of a character unfamiliar to the majority. Physicians are being asked to examine people, apparently healthy, who are without history or symptoms of illness, in order to determine their actual physical condition, and to advise them as to the prevention of the further development of such incipient ills as may be found.

Public health, and by that term we mean the health of the people generally and do not confine the expression solely to activities paid for out of public funds, offers almost unlimited opportunities to the physician well-trained and thoroughly equipped

for the work. By well-equipped we mean a man with good mental poise, one who keeps his head, who has a wealth of real old-fashioned common sense and one who, above all else, is tactful. By well-trained we mean one who has studied medicine, with special attention given to bacteriology and infectious diseases, and who, in addition, has studied both engineering and sociology. With years of experience added to the above a man may be said to be well qualified to engage in public health work.

It is perfectly apparent, however, that if we were to exclude from public health work everyone who did not possess the qualifications

mentioned, there would be almost no one in the field. Our health workers at present come from two classes: the physicians who have drifted into the work after years of medical and surgical practice, and engineers who, having specialized in problems of sanitation, such as water supply and sewage disposal, have eventually enlarged the scope of their activities so that they now serve as administrators in the entire field of preventive medicine. To these two groups may be added a third—small at present but rapidly increasing in numbers—the medical men who have completed a post-graduate course in one of the schools of public

Dr. Marsh practises what he preaches, for he gave up a lucrative dermatological practice to carve out a career in public health. That he has been successful is evidenced by the fact that he is Secretary of the New York State Department of Health and Assistant Professor of Preventive Medicine in the College of Medicine of the Long Island College Hospital.

health, of which several now exist.

At present a man entering upon a career in public health must be prepared to devote many years to his preparation—four years of preliminary collegiate academic work, followed by four years in the medical college, with the usual internship, preferably in a hospital for contagious diseases, and then a final two or three years in the school of public health. With such training as a background, a man with the proper mental attitude is well prepared to enter upon almost any phase of public health work. The field is large and there are far more opportunities than there are men to fill the available positions.

Although it is better to have had the advantages of an education such as outlined, there are opportunities in public health for the right man who has a good basic medical education with a general knowledge of bacteriology. In fact, as has already been stated, most of the physicians engaged in the work are of this type. Some of the schools of public health, besides giving the extensive courses leading to the degree of Doctor of Public Health, offer short courses of instruction which supplement the medical course and which are particularly suitable for those who have had some practical experience in public health work. For instance, there are physicians who have been practising general medicine for years and who subsequently have been appointed health officers of their respective communities; they have become so interested in the work that they wish to devote their entire time to it. By completing one of these short courses they are enabled to brush up in the more recent scientific aspects of preventive medicine and not infrequently they become extremely valuable men.

The field of public health is constantly enlarging. Many

States, counties, and cities are employing an increasingly large number of physicians full-time and the list is growing yearly. Not only do the various governmental agencies utilize physicians for public health work, but a vast number of private and semi-public organizations engage a large number of persons for health work.

The question which is probably uppermost in the minds of the reader is whether public health work is remunerative. If one considers the question solely from the viewpoint of dollars and cents, the answer is emphatically negative. It doesn't. The years of study necessary for adequate preparation are the years during which another individual engaged in business is building up that business so that, by the time the public health worker has graduated, the other man has his business firmly established, while the health worker is just commencing his career. The money spent in securing the education required of the health worker amounts to no inconsiderable sum, and when to this is added the annual interest on the investment it can readily be appreciated why public health work does not pay.

On the other hand, except for the chosen few, medical practice itself is not remunerative if the situation be analyzed in a similar manner. Nevertheless, for the man who enjoys the work, who possesses a spirit of unselfishness and self-sacrifice, and who desires to do something for the benefit of his fellow-man—public health work more than pays. The remuneration is not large but there are plenty of opportunities for good men at a minimum of \$3,500 with possibilities up to five or six thousand dollars annually. Such an amount will not permit of indulgence in steam yachts or racing stables but it will assure to a man a fair living with a few of the lesser luxuries of life added.

Do Clothes Make The Man?



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Personality spells success in the practice of medicine as well as in every other calling. The physician who possesses sartorial elegance is likely to stand out among his fellows.

Our English confreres who dress as indicated in the illustration are regarded as well dressed men. Toppers and beavers seem to be a relic of bygone ages in the United States, but a generation ago any well dressed American physician wore a stove-pipe or a silk hat.

Is the Country Physician Passing with the Horse?

(Concluded from October)

JOHN WALKER HARRINGTON
NEW YORK

The General Education Board, which functions under the Rockefeller aegis, has been busy for months plying the country with questionnaires as to where the country doctor is, and why he is no longer in his practice, if he has gone away. When this report will be printed is on the knees of the gods. As these lines are being written, the publication dates seem far distant.

Large areas have been found by the field agents of the board in the Eastern States, where there are no physicians, and yet on the whole there are few of the inhabitants who are not within ten miles of medical service. Where the rural doctors have moved out, it was found that they had been poorly supported, for the farmers were going to the big cities to consult the doctors with the big names and were leaving the local practitioners in the lurch. How can communities of 300 souls furnish a living for a physician? There are many of these small settlements in which the doctor has simply vanished.

Maine, which was supposed to be worse off for physicians in the backwoods than most States, had more doctors than was expected. The investigators of the board

Mr. Harrington concludes with this contribution his entertaining and altogether instructive study of the distribution of the medical forces of the country. When some plan of transferring the surplus physicians from the "over-doctored" cities to the "doctorless" rural communities can be devised, a tremendous benefit will have been conferred.

found here and there sturdy young graduates of leading medical colleges who had moved in without any real intent to stay, but they were there none the less. Some had gone for experience, others to get some money ahead by treating patients who had not had much attention and had been waiting for the advent of the doctor. Physicians of this class would be due before long in Portland or Lewiston or Bangor or Augusta.

This illuminating report does not, as we understand it, propose any remedies. It seeks, however,

to give as comprehensive a view as it can, and to leave the solution in other hands. As far as the economic welfare of the doctor is concerned, it assumes that he ought to be within reach of at least one thousand possible patients. One hundred doctors to the 100,000 inhabitants, according to this estimate, is far from a shortage.

In the country as well as in the city, regularly graduated physicians are in competition, as we have noted, with various cults. The last census does not, as was formerly the case, classify osteopaths with the licensed practitioners. There are 5030 of them

enumerated, which is probably twice as many as there were a decade ago. The number of healers of all kinds accounted for officially in the 1920 returns is 14,000, an increase of one hundred per cent over the 1910 tally. The indications are that the number of soul curists including those who profess to minister to the body as part of their religion is considerably above these estimates. Nursing, formerly denoted a domestic occupation by census bureaus, is now a profession and there are now approximately 150,000 diplomaed disciples, as compared with the 80,000 persons so qualified, accounted for in the 1910 census. In some places in the country the trained nurse, especially in institutions, gives simple remedies, and comes very close to the dizzy verge of actually practising medicine. In Connecticut, the paucity of physicians is sometimes met by having a nurse give emergency directions over the telephone, pending the arrival of the harried doctor by automobile.

Even with such efforts being made to give care for the ill, conditions in many back counties are deplorable. Infant mortality is high; many women die in childbirth who otherwise might be saved, hale men are injured or made inefficient through self-medication either through using patent remedies or potent drugs. The losses which farmers have through actual acute sickness or through a general lack of ordinary health are extensive. The city child is really better physically than the country boy.

Undoubtedly, a means will be found to relieve the rural regions of their present plight, but meanwhile, what can the medical profession do?

Let us first examine into the causes of this abnormal condition. They may be set down as follows:

A. Trend of the American population toward cities.

B. Poverty and failure of many farmers.

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C. Desire for large fees and incomes.

D. Greater opportunities for specialism in the urban community.

E. Superior hospital and laboratory facilities of the city.

More physicians in legislatures and more in Congress, if they can afford it, is one of the things which this country badly needs. In the last half century, the doctor, as a type, has been too busy with his own affairs to consider that the prosperity of one is the prosperity of all. He can do much to stop the fever for the city. Given a prosperous and contented yeomanry, the problem of the medical profession in the rural districts will hasten toward self-solution.

Although every large city has wealthy physicians, large incomes and colossal fees are by no means as common as they seem to be, for office hire, house rent, automobiles, heavy overhead and many other factors, greatly decrease the net returns, no matter how large the gross receipts may look.

When certain changes are made, the young physician may be glad to practice in the country for a while, so that he may have that rich knowledge of human nature and of the fairly normal being which is so important a background for the display of his special talents. Generally speaking, the specialist is the city man because he must have the opportunity to draw from a large population. None the less, there is a chance in this country for more small towns than Rochester, Minn., to rear some more Mayos.

It may only be a question of time before many rural communities, and perhaps all of them, will have hospitals. Once they are aroused to the need, it is not hard for them, even when there is no great amount of wealth, to organize sustained drives which will give fairly good institutions. Internes can be trained there as they can in the larger cities, es-

(Concluded on page 40)

Merci, Beaucoup

The reception accorded the initial issue of MEDICAL ECONOMICS has been so cordial that its progenitors feel the necessity of giving expression publicly to their gratification. In no instance have we heard anything but commendation.

Entrance into the field of medical journalism these days can only be effected with trepidation, but the fact that the broad field of economics has been neglected for so many years, emboldened us to add another journal to what some people may think to be a crowded arena. From our standpoint, the field is virgin for the reason that no journal has ever devoted itself to the Business Side of The Practice of Medicine, and not until the prospectus of MEDICAL ECONOMICS was sent out did any journal concern itself particularly with the subject.

It has been gratifying to note that this prospectus was apparently the causative agent for the

appearance of some articles on economics in a few of the representative medical journals. We desire to express the hope that as a result of our efforts other medical publications will devote more attention to a subject which has too long been neglected.

MEDICAL ECONOMICS is the representative of no group, and has no axe to grind. Its scope is tremendous and its editorial and publishing policies are absolutely independent. Our pages are open to the profession and we are desirous of their utilization by physicians in the exchange of ideas which may be of material benefit to practitioners of medicine.

We are renewing the invitation to physicians extended in the first issue to send us articles on subjects of mutual interest which are economic in character and which do not treat of the actual practice of medicine from the therapeutic or surgical side.

"Selling" the Medical Profession to the Laity

"What is the matter with the doctor?" is a question sometimes asked. After all the answers are analyzed it seems to revolve about the fact that they are not good business men. Once upon a time the doctor, with the lawyer and the clergyman, was one of the three outstanding figures in the community. In those days, the members of the learned professions were taken for granted. Today, with a proletariat possessing different viewpoints, the people "are from Missouri."

The doctor has maintained himself on a dignified plane and, in many instances, has not realized that times are changing and that he must change with them. While he has scoffed at the isms,

they have steadily progressed. Today many of the cults have a firm foothold and the medical profession is the sufferer.

Dr. James H. Hutton of Chicago, investigated this matter for himself by financing a questionnaire, sent to 6772 persons. The results, as published in the *Illinois Medical Journal* under twenty-two groups of answers, indicate that the people are grossly misinformed. It is evident, however, that unless the doctors themselves attempt to inform the laity properly, this misinformation will continue and in time will go far toward enveloping the unthinking part of the populace.

According to the figures, only 931 people had ever interested

themselves in any cult or pseudo science, although of the 5841 persons who pleaded guilty to playing with this type of fire, a scant 7 per cent were opposed to the physician on account of any real fault of his own, such as malpractice, imaginary or real, or the physician's failure to adapt himself to a situation. But the fact remains that 93 per cent of a supposedly intelligent class of people had warped ideas about the physician and his scientific progress.

A large group regarded the physician as negative, telling the patient what *not* to do and warning of ensuing fatalities, whereas the chiropractor did something concrete for the patient; others believed that the doctors resented questions on the part of the patient and that they set themselves up as wiser and less fallible than other people; some complained that physicians were not consistent in their ethical practices; that the doctors' attitude toward one another was as friendly as two strange bulldogs in a back yard.

Other complaints against the medical profession were that the doctors were a bar to progress because they fight social legislation—because they can see no admitted good in any of the movements, such as Christian Science or other cults. Some felt that the physician gave them "the wrong treatment and I nearly died; I went to an osteopath (or a naprapath, or a chiropractor, as the case may be), and was cured."

Another group felt that there are too many specialists and it is too expensive to be handed about from one to another, and, finally, there are those who believe there is no way of telling a good doctor from a bad one and it is, therefore, too dangerous to experiment with physicians, whereas osteopathy, or any of the other

cults, cannot hurt one and have been a means of curing every difficulty so far.

Dr. Hutton comments on the fact that these questions were asked of almost 7000 people and were not confined to "ditch-diggers or dishwashers or common laborers. Every one of them is likely to call you frantically at 2 o'clock in the morning if there was something considered a real emergency." He believes the way to counteract this matter is to tell the truth about medicine. He says:

"If the things are true about you men that your leaders say are true, the story of medicine has enough punch in it to make one of the best, one of the most interesting, stories ever told in America. And it seems to me that professional men can no longer afford, either practically or for the sake of their patients, to have people ignorant.

"It means 93 per cent of these people do not care to come to you unless they think they are going to die. It means that they are actively interested in other things. The modern mind is a little bit over-stimulated.

"If I were a business man and had invested a large sum of money, together with seven or eight years of my life, in preparing myself to do the sort of service you are able to do, and if the quality of my service was from year to year increasing, and if the potential customers for that service from year to year, country wide, was decreasing in proportion to the wealth of the country and the population of the country, then I think I would do something and I think I would do that quick."

Is this not worthy of the serious consideration of every medical society in the country?

Most men of action incline to fatalism, and most men of thought believe in Providence.—*Balzac.*

How One Man Keeps Well

"Never again, if it can be prevented," said Samuel M. Vauclain, who up to 1918 had traveled life's highways for sixty-two years without a moment's illness, only to fall a victim to influenza.

As president of the Baldwin Locomotive Works of Philadelphia, and a great colonel of industry, Mr. Vauclain had neither the time nor disposition to yield to the discomforts of disease.

Consequently he asked his physician, Dr. Martin E. Rehfuss, if he could be kept well, and the doctor opined that he could.

They entered into an agreement, copy of which is appended, in which, for proper consideration, the medical man would do his best to keep the colonel of industry well. Failure to do this meant real money out of the doctor's pocket.

How has it worked?

During the five years of operation Mr. Vauclain has not had a moment's illness. He sees the physician every two weeks, follows his recommendations implicitly, and feels like a two year old. He is not on a diet and leads a perfectly normal life. Indeed, Mr. Vauclain has found himself

under no restrictions that are irksome.

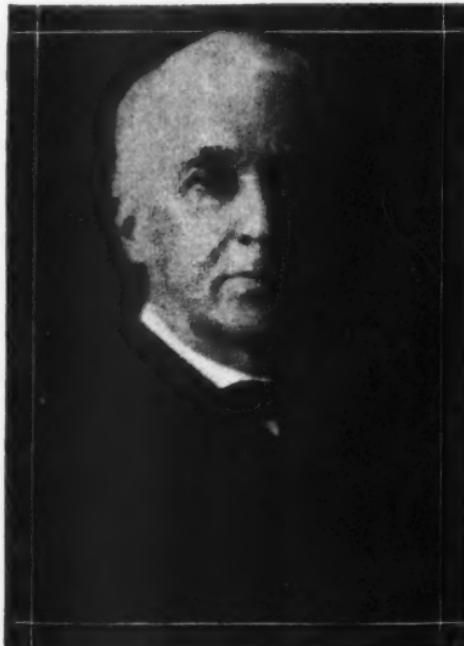
Mr. Vauclain told MEDICAL ECONOMICS that his reason for entering into the agreement with Dr. Rehfuss was prompted by the arrangement he has with his legal counsel.

"I employ the best counsel available," he said, "and pay a retaining fee for their advice and direction in business affairs, so that I may keep out of trouble, or, in other words, conduct a healthy business. Therefore, why should I not employ a physician, paying him a retainer, so as to keep my personal health, in order that I can enjoy a healthy business at all times?"

Mr. Vauclain goes on to observe:

"From my own experience of the last five years, I feel that the family physician should be placed on a basis entirely different from his present one. He should be consulted before illness.

"I can imagine no happier arrangement than one that would place, say, twenty-five or thirty families under the care of a physician to whom each of them would pay an annual fee in return for systematic and regular



Thank You, Doctor, for Your Interest in Cantilever Shoes



The Cantilever Shoe is the result of twelve years of helpful work with physicians and wearers. Since 1911 the makers of the Cantilever Shoe have been fitting and studying the human foot and have been in constant touch with many physicians, from whom they received inspiration and co-operation.

The flexible arch of the Cantilever Shoe curves up to "hug" the undercurve of the foot, lending restful, natural support. Being flexible, the arch of the Cantilever works with the muscles of the foot arch, giving them the chance to retain their normal resiliency and to grow strong and self-reliant.

The Cantilever Shoe permits and encourages free blood circulation. The lines of the Cantilever are patterned after those of the normal foot.

Cantilever Shoes are sold by selected dealers in over 500 cities. A partial list appears at the right. Names and addresses of other dealers may be had by writing to the manufacturers, Morse & Burt Co., Carlton Ave., Brooklyn, N. Y.

- Akron—11 Orpheum Arcade
- Albany—15 N. Pearl (Hewett's Silk Shop)
- Allentown—907 Hamilton St.
- Atlanta—128 Peachtree Arcade
- Atlantic City—2019 Boardwalk
- Baltimore—325 No. Charles St.
- Birmingham—219 N. 19th St.
- Boston—Newbury & Clarendon Sts.
- Bridgeport—1025 Main (Citizens' Bldg.)
- Brooklyn—516 Fulton St. (over Primrose Silks)
- Buffalo—641 Main St.
- Charlotte—226 N. Tryon St.
- Chicago { (North Side)—1050 Leland St.
(Loop) 30 E. Randolph St.
(Woodlawn) 832 E. 61st St.
- Cleveland—1705 Euclid Ave.
- Columbus, O.—104 E. Broad St., at 3rd St.
- Denver—224 Foster Bldg., 16th & Champa
- Detroit—41 E. Adams Ave.
- Duluth—107 W. First (near 1st Ave. W.)
- Evansville—310 So. 3rd St. (Near Main).
- Harrisburg—26 N. 3rd St. (2nd floor)
- Hartford—Church & Trumbull Sts.
- Houston—205 Foster, Bank of Comm. Bldg.
- Kansas City—306 Altman Bldg.
- Long Beach, Calif.—Farmer's Bank Bldg., 3rd & Pine Sts.
- Los Angeles—505 New Pantages Bldg.
- Memphis—28 N. 2nd St.
- Minneapolis—25 Eighth St., So.
- Newark—Aeolian Hall, 897 Broad St. (2nd floor)
- New Haven—153 Court St.
- New Orleans—Room 200, 108 Baronne St.
- New York—14 W. 40th St. (opposite Library)
- Oakland—205 Henshaw Bldg., 14th & Broadway
- Omaha—1708 Howard St.
- Pasadena—378 E. Colorado St.
- Passaic—37 Lexington Ave.
- Paterson—10 Park Ave. (at Erie Depot)
- Peoria—203 Lehmann Bldg.
- Philadelphia—1300 Walnut St. (over Cunard Office)
- Portland, Ore.—353 Alder St.
- Poughkeepsie—327 Main St.
- Rochester—257 Main St., E. (3rd floor)
- Sacramento—208 Ochsner Bldg., K near 7th St.
- St. Joseph—216 N. 7th St. (Arcade Bldg.)
- St. Louis—516 Arcade Bldg., Olive & 8th Sts.
- St. Paul—Frederic Hotel Bldg., 43 E. 5th St.
- San Francisco—250 Arcade Floor, Phelan Bldg.
- Syracuse—121 W. Jefferson St.
- Tacoma—Fidelity Trust Bldg., 255 S. 11th St.
- Troy—35 Third St. (2nd floor)
- Utica—28 & 30 Blandina St., cor. Union
- Washington—1319 F Street, N. W.
- Yonkers—22 Main St.

Cantilever Shoe

medical attention. The physician would visit each family once a month. He would examine its members, prescribe for them if necessary, and advise them how to preserve their health, in short, keep his patients well.

"Physicians would be able to perform this service for a reasonable fee, for it would not interfere with the other demands of their practice.

"Such a system, universally adopted, would pay enormous dividends in health and happiness."

If MEDICAL ECONOMICS readers desire to emulate Col. Vauclain's example, they can use this contract as a basis:

AGREEMENT made this 27th day of June, A. D. 1919, by and between SAMUEL M. VAUCLAIR, of Rosemont, Pennsylvania, party of the first part, and MARTIN E. REHFUSS, M.D., of the City of Philadelphia, State of Pennsylvania, as party of the second part.

WITNESSETH

WHEREAS the said Rehfuss has been for some time past physician to the said Vauclain, and has manifested his solicitude for the latter's welfare by frequently remonstrating with him on account of his infraction of the rules of good health, such as his failure to properly limit his hours of labor and other like indiscretions;

AND WHEREAS the said Vauclain, appreciating this solicitude, and desiring to avail himself of the continued services of the said Rehfuss, with the object of preserving his health and strength to the end that he may carry on for some years to come the work in which his chief interest lies, has suggested a plan whereby the said Rehfuss will as far as practicable assume responsibility for his physical well being, and this plan has met with the approval of the said Rehfuss;

And WHEREAS the compensation to be paid said Rehfuss for his services and advice pursuant to the plan, as will hereafter appear, is considered liberal, both the parties hereto deem it only fair that said compensation shall be diminished in the event that said services and advice shall not result in accomplishing the main object of the plan, namely, the preservation of the said Vauclain's power to work, and have therefore agreed upon a scheme hereinafter set forth for the abatement of the said compensation in the contingency mentioned;

NOW THEREFORE having due regard to the premises above set forth, the said parties do hereby covenant and agree each with the other, as follows:

FIRST. The said Rehfuss shall,

during the continuance of this agreement, act as physician to the said Vauclain, and in this capacity shall from time to time and as required, give such counsel and advice and administer such treatment to the said Vauclain, as in his judgment may be necessary to insure the continuance of Vauclain's normal health and capacity to carry on his usual occupation.

SECOND. The said Vauclain shall in all respects follow the counsel and advice and accept submissively the treatment recommended by the said Rehfuss.

THIRD. In consideration for the services to be rendered as aforesaid by the said Rehfuss hereunder, said Vauclain shall pay and does hereby agree to pay him at the expiration of each year hereafter during the continuance of this contract,

BLANK AMOUNT

less any deductions therefrom as provided in the succeeding paragraph "Fourth" hereof.

FOURTH. In the event that the said Vauclain, notwithstanding his faithful observance of the advice and directions of the said Rehfuss, shall during the continuance of this contract be obliged to suspend his work by reason of ill health or physical weakness, the following deductions from the compensation to be paid the said Rehfuss hereunder shall be made, namely:

BLANK AMOUNT

IN NO EVENT SHALL THE YEARLY COMPENSATION AMOUNT TO LESS THAN ONE-HALF OF THE AMOUNT AGREED UPON.

It is, however, expressly understood and agreed that the said deductions shall cease after the said Rehfuss shall have notified the said Vauclain in writing that the said Vauclain is not following his advice or obeying his directions, said notice to specify in what particular the said Vauclain has been delinquent.

FIFTH. It is understood and agreed that such compensation as may be received by the said Rehfuss hereunder shall include any medical services rendered by him to Mrs. Vauclain, wife of the said Vauclain, while this contract is in force and effect.

SIXTH. This contract shall continue in full force and effect until terminated by notice in writing given by either of the said parties to the other, and if so terminated prior to the termination of any year hereafter, the compensation to be paid hereunder, less deductions, if any, shall be apportioned accordingly.

IN WITNESS WHEREOF the said parties have hereunto affixed their hands and seals the day and year first above mentioned.

**A SURVEY
FOR
SEPTEMBER**

IN

Kansas City Chicago New York City Los Angeles

Physicians interviewed by representatives.....	499
Physicians using Antiphlogistine.....	459
Physicians using Antiphlogistine in Pneumonia.....	385
Physicians not using Antiphlogistine.....	40

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NEW YORK**



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Searchlights have parallel rays because they penetrate space better than divergent rays. They also penetrate further into any translucent medium, such as tissue.

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Radiant Light and Heat APPLICATOR

—scientifically designed and well made. Used in Government hospitals, clinics of large industrial organizations, and in private practice for treating

Colds
Eczema
Erysipelas
Female Complaints
—and many other

Lumbago
Neuritis
Rheumatism
Sprains
complaints.

Genuine Thermolites have the name on top of applicator.

No. 0670 Office Applicator

Reflector 12" diam.
Stand adjustable from 57" to 96"
high. Consumes 375 watts at 120
volts A.C. or D.C.
Covers 300 square
inches 36" from re-
flector. Finish Olive and
Nickel. Price complete with
stand \$30.00 each.

No. 0645

Hand Applicator

Same design as No. 0670 only
8" diam. Consumes 200 watts at
120 volts, A.C. or D.C. Made
of Aluminum, weight 16 oz.
Finish, Black and Nickel. Price
complete without stand \$10.00*
each. Folding stand only for
No. 0645, \$6.00 each.

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Radiant Light and Heat*

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Makers of Lighting Devices since 1874



This Month's

The following brief paragraphs give information on recent literature offered to physicians by

Those who enjoy *Elbert Hubbard's* writings have a real treat in store in the form of a beautifully printed 22 page brochure, published by Davis & Geck, Brooklyn, N. Y., and entitled "Another Little Journey."

"Wellcome's Excerpta Therapeutica." Several hundred pages in the form of a convenient compendium of therapeutic and other information. Write Burroughs Wellcome & Co., 18 East 41st Street, New York, N. Y.

"Formulas for Infant Feeding" is a leather covered vest-pocket booklet of 80 pages furnished physicians on request by the Mellin's Food Company, 177 State Street, Boston 9, Mass. It contains much useful information on Infant Feeding.

"Sterilizing Technique" is the title of a small booklet devoted to that subject. It has proved so useful that it is now in its fourth edition. Copies will be furnished on request by writing Wilmot Castle Company, Rochester, N. Y.

The result of an investigation by five physicians to determine the correct design for shoes for normal feet is incorporated in a small booklet entitled "The Flexible Arch" and is published by Morse & Burt, 1 Carlton Ave., Brooklyn, N. Y.

Physicians making a specialty of Heart Examinations will find the printed forms furnished by Sanborn Co., 1048 Commonwealth Ave., Boston 47, Mass., of considerable assistance. Sample sent on request.

"Influence of Dentifrices on Saliva" is a bulletin devoted to the subject of the influence of saliva in protecting the teeth and of the influence of certain types of tooth-paste on saliva. It describes nine interesting test cases. Illustrated with charts. Copies furnished on request to the Pepsodent Company, 1104 South Wabash Ave., Chicago, Ill.

A Handbook on "Quartz Light Therapy" is published by the Hanovia Chemical Mfg. Co., Newark, N. J. Pages are textbook size and it consists of 40 pages of illustrations and instructions relative to the use of Kromayer Lamps. Write the above company.

Free Literature

manufacturers. Please mention MEDICAL ECONOMICS when writing for it.

Complete descriptions of "Euesol" in the Treatment of Syphilis is published in the form of a 32 page book containing a number of quotations from French physicians. Copies may be obtained by writing E. Fougera Co., 90 Beekman St., N. Y. C.

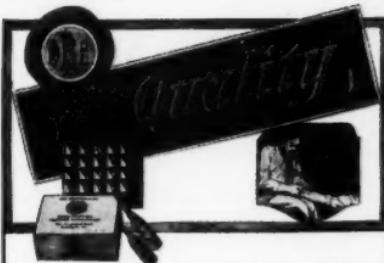
"The Therapeutic Value of Chemical Foods" is a compendium of information on that subject. Much of the information it contains has been taken from articles appearing in the medical press and from works on the subject. Write Fellows Med. Mfg. Co., New York.

"National Medicinal Products" is the title of a 24 page booklet describing the Pharmaceuticals; Biological Dyes and Laboratory Reagents and Stains manufactured by the National Aniline & Chemical Co. Write Pharmacetical Division, 40 Rector St., New York, N. Y.

"Phototherapy — Its Value to the General Practitioner." A sixteen page booklet on the subject of Radiant Light and Heat. Published by H. G. McFaddin & Co., 38 Warren St., New York, N. Y.

A convenient office record book is offered physicians by Lehn & Fink, Inc., New York, N. Y. It is durably bound in red cloth, marked with gold letters — *Physicians' Diary*, 1924. A page is devoted to each day in the year and ruled to record names of patient's service rendered and amount collected or charged. Two summary pages are allowed for each month, one to record receipts and the other to record expenses. In the back of the book is a table of adult doses made to conform to the nomenclature of the U. S. Pharmacopeia 9th Revision. Sent on request to physicians who are asked to pay \$1.00 after receipt of the book as an evidence of their genuine desire to use it.

A really interesting piece of literature of an entirely unselfish nature is offered to physicians under the name of "The Doctor's Rubaiyat," which is a beautifully bound 32-page book consisting of verses on the life of physicians in the style of Omar Khayyam. Copies are furnished on request by the Dry Milk Co., Park Row Bldg., New York, N. Y.



THAT *QUALITY* IS FUNDAMENTAL has been conclusively demonstrated. Test, one by one, the elements of satisfaction. Prices and terms lose half their appeal if they are not backed up by *Quality*.

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D. R. L. NEOARSPHENAMINE
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Los Angeles

Financial Department

The purpose of this column is to provide the physician-investor with reliable investment information and to help him in choosing the sound securities that meet his requirements. Even the shrewdest business men, constantly in touch with affairs of business, find this a difficult problem.

Each month we will review briefly the financial situation and outlook and answer several questions of general interest on investment.

The Financial Outlook

General business conditions have shown no pronounced change in the past month but opinion generally seems to support the view that business will remain good throughout the remainder of the year.

Bond prices have continued to hold just about even with new financing relatively low, aside from \$200,000,000 United States Treasury Certificates. Despite the comparatively light volume of new bonds being offered to the public the market does not seem to show any strengthening effect.

The new \$47,000,000 issue of Federal Land Bank bonds brought out recently indicates that the purchaser is demanding better terms. Last July Federal Land Bank bonds were offered to yield 4.45 per cent as against the recently offered bonds on a 4.75 per cent basis. Many of the later issues have been difficult to place with large blocks still remaining in the hands of the dealers. Banks report a considerable increase in "deposit" items with no immediate prospects of increasing demand on banking funds for business expansion.

That there will be a demand for capital from abroad seems increasingly probable. Any agreement arrived at between France and Germany would very likely

be followed by a German Government loan in the United States. Also, Japan will undoubtedly be in the market for capital for reconstruction purposes.

Further, soldier bonus legislation looms up big with the next Congress about to convene. The belief is pretty general that some form of bonus bill will be passed, even over a veto, if necessary. The actual terms of such a measure would determine its effect on the investment market. If a large issue were floated making an im-

mediate payment in cash unquestionably bond prices would decline below their present level. The outlook would seem to justify a policy of keeping one's invest-

ment funds in high-grade, short-term, marketable securities.

Financial Questions and Answers Too Speculative

QUESTION: I have \$2,000 for investment. I would like your opinion on two bonds which I contemplate buying. I am a physician with a practice sufficient to assure a comfortable living but any investments which I make must be reasonably safe. The bonds I am considering are: Baltimore & Ohio 1st 5s, 1955 and Kingdom of Norway 6s 1952. I would also appreciate your opinion regarding three securities which I now own but which I have been informed are not sound enough for a person in my circumstances. They follow: Central Railroad of Brazil 7% 1932; Austrian Government guaranteed loan 7% 1943;

Upon request, information concerning investments will be furnished to readers of MEDICAL ECONOMICS. We will not answer questions regarding purely speculative issues. Address all inquiries enclosing a stamped envelope to the Financial Editor, MEDICAL ECONOMICS, 256 Broadway, New York, N. Y.

November, 1923

MEDICAL ECONOMICS

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Public Service Corp. of N. J. 8% pfd. Stock.—W. B. H.

ANSWER: The Baltimore & Ohio 1st 5s and the Norway 6s are both good investments and could be added to almost any list. Of the other three securities, however, we agree with your informant that they should not be included in a list where safety of principal is most important. They are certainly not the kind of security that we would suggest for permanent investment unless the holder is in the position to take some risk.

Some Good Stocks

QUESTION: Would you be good enough to suggest a list of stocks suitable to one in a position to take a business man's risk. I would like to average at least 7% on my investment and prefer rails or public utilities.—J. J. M.

ANSWER: There are a large number of stocks yielding 7% or better which we believe are suitable to one willing to take some business risk in order to gain the added income. Among the rails, we would suggest: N. Y. Central Common, Pennsylvania Common, Union Pacific Common, Southern Pacific Common. Public Utility stocks yield a little more than the above named rails and our suggestions for this group would be: Amer. Tel. & Tel. Common, Brooklyn Edison Common, Detroit Edison Common, Cons. Gas. (N. Y.) Com-

mon, Kansas City Pwr. & Lgt. 7% pfd. Stock.

A Good List

QUESTION: I am taking the liberty of asking you to confirm my judgment regarding list of bonds which my sister owns. Her husband who left her their home free and clear and about \$22,000 in securities which I list below. It is my belief that these bonds are all suitable for her to hold but I should feel easier in mind if you would give me your opinion. \$2,000 Vacuum Oil 7s 1936; \$1,000 N. Y. Central Gen. 3½s 1997; \$2,000 Kansas City Southern 5s 1950; \$3,000 Unit. King. of Gt. Brit. 5½s 1937; \$3,000 Dom. of Canada 5s 1952; \$1,500 Liberty 3rd 4¼s 1928; \$2,000 Laclede Gas & Lgt. 5s 1934; \$2,000 Canadian Northern Ry. 7s 1940; \$3,000 United States Steel 5s 1963; \$2,000 North American Edison 6s 1952.—C. D.

ANSWER: Our only criticism might be directed at the North American Edison 6s. This bond secured by stock collateral is not the highest type of public utility bond. While the company has always been able to maintain a substantial margin of earnings and the bond is reasonably safe, we believe its exchange for a first mortgage bond such as the West Penn Power Co. 1st 5s 1946 or Kansas City Pwr. & Lgt. 1st 5s, 1952 would improve her investment position.

Our

"Handbook of Gynecological Therapy"

is an excellent review of the subject, arranged for ready reference by the busy practitioner and illustrated with excellent anatomical drawings in full color.

We will cheerfully send a copy to any physician upon request.

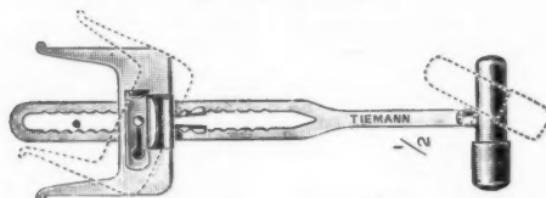
MARVEL COMPANY

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**25 West 45th St.
New York**

New Instruments and Appliances

An Instrument for the Application of Radium to the Tonsils



Dr. Clarke W. Stewart, Olean, N. Y., has constructed a new instrument for the application of radium to tonsils in the treatment of both enlarged and diseased tonsils and adenoids.

The instrument is constructed of very light metal and consists of a so-called tooth plate and groove with two prongs extending forward on either outer edge of the tooth plate. The central bar is notched in the median line and has at its posterior end a receptacle for holding the radium container. This notched bar allows for the proper adjustment of the distance between the teeth and the tonsil and keeps the radium against the tonsil being treated. A small rubber band is placed over the central bar and over either one of the projections

desired at the side of the tooth plate, the elasticity of the rubber band allowing snug contact of the radium container against the tonsil being radiated.

Dr. Stewart states that he uses a thirty milligram tube of radium; time of each treatment one hour, repeated every other day until six treatments are given. At the end of this time the patient is instructed to return in about eight weeks for inspection.

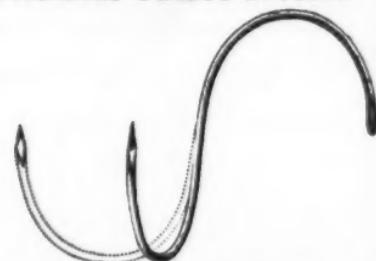
If the reduction of the tonsils is not complete, another series of treatments is given. As a rule, however, the first series of treatments are sufficient for a complete cure.

The Stewart Radium Tonsil Applicator is made by George Tiemann & Co., 107 East Twenty-eighth Street, New York City.

Dr. D. M. Littlejohn's Curvilinear Suture Needle



The duplex or curvilinear needle has been especially devised for use without the aid of a needle holder. Accuracy is accomplished and time saved for the reason that there is no need of an intervening instrument between the needle and the hand.



It cannot lie flat, always presenting an upright position, which is easily grasped by the fingers.

The instrument was designed from a true circle by cutting the circle on one side and bending so that one semi-circle would be exactly at 90 deg. with the other

semi-circle, forming two hooks, an eye-end hook and a point-end hook. The eye-end hook serves as a handle by which the point-end is forced through. By grasping the point-end hook, the needle is pulled through and so rotates that it is in proper position in the fingers without further adjusting, to make the following stitch. The left hand is left free to hold the suture material, which

when pulled taut approximates the tissue sufficiently for further sewing.

The resistance of the tissue is better judged and damage is correspondingly lessened by direct sense of touch.

Dr. Littlejohn's curvilinear suture needle is made by Alfred Littauer & Co., of New York City, and is for sale at all physicians' supply stores.

The Trephine

A trephine has been devised by Prof. Dr. Strobel of the University of Vienna for removal of necrotic bone in lachrymal sac portion.

Where it is desirable to remove a portion of the bone underlying the lachrymal sac, the trephine will be found very satisfactory due to the fact that the traumatism is very much reduced.

One handle of the instrument is fitted at its distal end with a copper blade. This part of the instrument

is inserted in the nostril until the copper plate reaches a point directly under the diseased portion of the bone. When the instrument is closed, bringing the inner point of the trephine in contact with the bone and fixing the instrument in place, the circular trephine is then rotated by the handle and the section of bone 8 mm. in diameter is removed leaving perfectly smooth edges and, as stated above, without the attendant traumatism caused by the use of steel or biting forceps.

The instrument is manufactured by George Tiemann & Co., New York.

The Handiest Office Record

LEHN & FINK'S PHYSICIANS' DIARY

A page for every day in the year, divided into spaces for every half-hour. Pages for monthly expenditures and receipts and for income tax figures.

Price \$1.00; pay when delivered.

Mail coupon today!

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LEHN & FINK, INC.
625 Greenwich St., New York City
Please mail me Physicians' Diary.

Is the Country Physician Passing?

(Concluded from page 27)

pecially if visiting surgeons and physicians are drawn from leaders of the profession.

Have the country physician or the possible practitioner, now in the last year at college, and the would-be city specialist, fully considered the non-urban prospect?

Why should a valuable laborer in the vineyard of service not hold himself to be more worthy of his hire? Why, indeed, should the country doctor tamely pass into the mists of the Great Divide? The community needs him and the community should pay him well. The farmer is not poor in every region, of course, notably where he has shown initiative and energy and marketed his products with skill.

Let the country doctor take a leaf, if he will, from the Oregon apple growers who make a success by acumen and vision! The day of medical economics is at hand, and its principles are consonant with both dignity and ethics.

For the physician of the rural districts to be less well trained than his city brother, would be to surrender to circumstance. One can never tell what turn of fate's whirligig may transfer the village surgeon to shepherd millionaires. He should always be ready to represent his calling with as good an education as he can get.

The physician is a man with an equipment worth at least \$20,000, and generally a good deal more. The overhead on his training is fully \$2,000 a year. There are scores of communities, far from Chicago's "Boule Mich" and New York's Broadway, who wish the services of that medical man. What are the inducements they can offer to keep him in Gopher Prairie?

This situation is being met frequently these days by the well-to-do residents of the rural community, even if they are only part time ones. They can raise enough

money to at least guarantee to the doctor \$2,500 a year, just as well as they can, or should, provide for the minister. Balzac's "Medecin du Pays" was a volunteer medical missionary who could afford to serve without fees, but the up-to-date physician cannot subsist on Altrurian rations. This plan has worked out well in some cases and there is no reason why it should not be practicable in scores of deserted medical outposts. It has had the good effect, where it has been tried, of keeping many persons from going to the city for treatment. Naturally when they knew their guarantee was paying for a first-class health sentinel, they wanted to be sure of getting the worth of their money.

Frequently large industrial corporations, which are more and more locating new plants in rural districts, pay physicians from \$2,500 to \$3,000 a year for eight hours' work on week days, and give him the privilege of conducting private practice as well.

As medicine is becoming more and more of a preventive activity, the country doctor could practice on the Chinese plan; that is, he could have an arrangement with leading families, to look after them for so much a year, on a retainer basis. He could arrange also to examine all the members at least twice a year with a view of preventing them from getting ill, rather than of attending them when through their own neglect they were at Death's door.

Marked as is the trend cityward, the peak may be reached very soon, let us hope, and many of the American people will join the hegira back to Eden. New community hospitals all over the nation are helping provide adequate facilities where the country surgeon can operate and look after his patients under the same conditions which obtain in the large centers of population.

Physician, Heal Thyself

(Concluded from page 6)

hygiene and preventive medicine is making a great mistake. He is not gaining any credit with the community and he is not in accord with the modern principles of medical science. He is not taking the best way in which to protect the public from quacks and foolish cults and isms.

Another reason why physicians should have periodic health examinations is the fact that the average physician when ill is a pitiable object. He is apt to wander around among his confreres picking up various opinions with regard to his condition, skeptical as to the methods and treatment recommended, and too often he fails to receive the same systematic intensive analysis of his needs that would be given to an ordinary patient.

If he has anything serious the matter with him, it is more than likely that he will get the opinion

of various specialists on different angles of his case and thus become confused and discouraged with regard to any remedial program. The physicians whom he consults are apt to take the attitude that he ought to know as much about his condition as they do, and he is not able to get that reassurance which comes from the general atmosphere of medical counsel as it is given to a lay patient.

It is of advantage for a physician, therefore, to have a thorough periodic health examination from the life extension standpoint—what might be termed a cold-blooded critical analysis of his condition, ignoring the fact that he is a physician and considering him just as any layman would be considered.

I have known a number of physicians to profit from such an experience; and not infrequently

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the practical value of ALKALOL is easily and convincingly demonstrable by practical use. ALKALOL is especially intended for use upon irritated or inflamed mucous membrane or skin. An angry eye, a weeping nose, a running ear, an aching or sore throat respond promptly to Alkalol.

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it has a suggestive value in governing their patients. If such an examination is made with critical care and thoroughness, the reaction of the physician to the procedure and the facts that are brought out by it have their value in suggesting ways by which the physician himself may profit in the contact with his patients.

If it be held that a locomotive engineer or chauffeur or any man who is in charge of inanimate machinery requires periodic physical examination in order to safeguard against any disaster to this inanimate machine

through any temporary physical disturbance on the part of the operator, how much more essential is it for a physician or surgeon assuming grave responsibilities of human health and life in relation to his patients, to see to it that mind and body are kept in good trim prepared for the last call on these reserves.

People seeking that aid and comfort which it is the sacred obligation of medical science to afford, are entitled to receive it from one coming as near as possible to the ideal of "*mens sana in corpore sano.*"

Group Medicine in a Small City

(Concluded from page 10)

that our efforts will meet with better success in the future. Some changes have been made in the personnel since our beginning, but the original six remain and we are considering the advisability of adding a dentist in the near future. We have already employed an additional medical man for domiciliary and general practice, and our member in charge of obstetrics and pediatrics is desirous of the separation of the two specialties due to the increase in work which has been his fortune since forming this combination.

Group medicine has come to stay and the small town group is a big advance over the former method in which one man attempted to do it all. True, the

greater number of specialties the member is in touch with and the broader his conception of medicine in general, just that much more valuable is that member to the group. If the individuals composing such have had ten or more years in general practice and then from one to five years in preparation for their adopted specialty in well-recognized hospitals and under competent teachers, they are the better prepared to do the work they are daily required to perform. When six or eight such men form a group for the practice of honest, conscientious and intelligent medicine, they are in a position to maintain the dignity and traditions of our profession better than if they waged the battle alone.

Competition of a New Type

Many progressive manufacturers and merchants say that the cut price bait is losing its attraction. They are paying less attention to this method of getting more business, and more attention to the idea of quality merchandise service. They believe the results so far achieved justify the statement that their customers will be better served and their own profits enhanced by giving more attention to quality and less to price.

Real service is what counts. While many people will shop about for prices, the great majority is better satisfied with quality merchandise and good service at a fair

price. This makes for confidence—the cornerstone of satisfaction.

Mr. Charles Wesley Dunn, counsel for a number of large manufacturers in this country, has given this problem a great deal of thought. His conclusion is that we are now approaching the time when the real competition will be in merchandise and service rather than in price.

As a nation, we have developed to the highest degree the science of quantity production. Now, with characteristic American progression, it is only natural that we are experiencing a very definite trend toward the development of quality production.

Medical Care in Rural New England

(Concluded from page 19)

the older sense of that term. Such men will be able to deal with nine-tenths of the cases that arise in their fields of practice and beyond this if their training has taught them to know when to call for help, they will be highly useful members of the profession.

The Situation Demands Serious Consideration

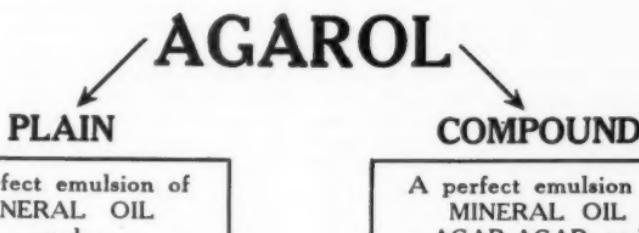
These suggestions are far from being critical of the Council on Education of the American Medical Association. The work that it has done in eliminating the hopelessly inefficient medical schools of the country has put American medical education on a basis where we no longer feel obliged to apologize for it, but any such movement may by its

very momentum carry beyond the mark aimed at, and certain reflex ill effects may follow. Some-what along the lines suggested, however, correction will come as soon as the demand for it is great enough, and no injury will thereby be done to the progress of medicine.

In view of the imminence of the conditions referred to, how-ever, it is time for the medical profession to seriously consider it lest the situation gets out of hand and a riot of inefficient schools again occurs or a popular demand for State or socialized medical practice gain such head-way that it becomes a fact.

The facts given relate to New England, where I am familiar with conditions. The situation in other sections of the country should also be reported on.

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NEW JERSEY, U. S. A.

Is Your Car Insured?

(Concluded from page 7)

for \$2,000, the assured in settlement will receive but \$1700.

This is in contradistinction to the so-called Valued form which was issued formerly. Under this policy a car covered for \$2,000 would return to the assured, if burned or stolen during the policy year, exactly \$2,000.

The result of this kind of a policy was the establishment in business of what might be termed "auto-bootleggers." These operators would buy an old car for a small amount, insure it for possibly quadruple its value, and then drive it into a river or burn it on a little used highway.

In the same way, men wishing to dispose of their automobile holdings and unable to find a purchaser hired thieves to rid them of their responsibilities, at no loss to themselves.

Consequently, institution of the Non-Valued form was found to be the fairest thing for all concerned and every company is now required to abide by this ruling.

Collision insurance indemnifies the assured against any loss or damage to his car as a result of collision with an object of any kind, such as another car, a tree, curb, barn, hole in the road, etc.

A car recently was being driven down a sharp hill. One of the wheels broke and the car turned turtle. Luckily, no one was severely injured. However, when the owner endeavored to collect damages, the company denied liability, inasmuch as there had been no collision.

On the other hand, a car standing beside a new house was spattered with red paint. In this case the company was compelled to have the car repainted, as it was held that the damage came as a result of collision.

This form is written in three different ways: 1. Full Collision, under which the company pays for every loss, no matter how trifling; 2. \$50 Deductible Collision, where the owner stands

the first \$50 of every loss and the company the remainder; and 3. \$100 Deductible Collision, where the owner pays for the first \$100 of a loss and the company the remainder.

Of course, the rates decrease proportionately as the amount of the deductible clause increases, and a reduction in rate is made for the attachment of bumpers.

As to which of the above forms should be carried, the selection is largely dependent on the value of the car, or the owner's circumstances, and on where he lives. It is almost always safe to advise the \$100 Deductible—except in the case of a very low value car—in order to protect against the catastrophe hazard.

Property damage is a very inexpensive and yet a very desirable coverage. Under it the company protects and defends the assured from all claims brought against him by reason of any damage he may have done to the property of others with his own car. Thus, if he runs into another car, the owner of which seeks to collect several hundred dollars in damages, the company relieves him of responsibility. The basic and usual limit of Property Damage is \$1,000, but it may be obtained in greater amounts.

Last and by far the most important of any of the forms of automobile insurance is Public Liability. It should be carried by the assured if he possesses no other kind of protection.

One knows that if his car is worth a thousand dollars and burns or is stolen, he will be out of pocket no more than a thousand dollars. However, no one can have an idea how much of a judgment might be obtained in case he runs down or kills a person on the street.

Recently a judgment of \$25,000 was obtained by a woman against a driver who had struck her, breaking her jaw. The in-



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Here is an opportunity for some enterprising physician to secure at a reasonable cost and on convenient terms an estate ideal for sanatorium purposes.

This estate comprising 126 acres (80 under cultivation) is located in New York State, 98 miles from New York City; one-half mile distant from the village limits of a County Seat and one mile from the centre of that village.

The main building is built of stone and is situated on a Mountain, affording magnificent views of the three surrounding mountain ranges. This house has 18 large bedrooms, 4 baths, 6 toilets and a large overflow room (capacity of 6 to 10 beds), with separate bath, toilet and wash basin. The other rooms are 2 large dining rooms; 1 small dining room; 1 large Salon and a foyer hall, which can be used for an office.

Each bedroom has running hot and cold water. The building has been entirely renovated and newly furnished, including linen, silver, dishes, etc., and is electrically illuminated.

The kitchen has a double firebox range (one of the best makes). The cellar has a large cold storage space and the best kind of steam heating furnace.

Adjacent to the main building are a

garage for one car, stable for one horse, chicken-house and tool-house. Also a large pergola and an ice-house.

A short distance away are:

A six-room bungalow, with bath, electric light, attic and an excellent pipeless furnace.

A seven-room stone lodge, with bath, electric light, telephone, hot and cold water and a woodshed.

A stone barn with running water.

A wagon-house, with four rooms, attached, for caretaker. Here also are electric lights, hot and cold water and range.

A wagon shed with large chicken-house. Waterworks on the property; electricity from the village.

The estate has a private lake, trout stream and wonderful glen, with heavily timbered woodland.

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demnity awarded was high because, as the plaintiff suggested, her marriageable chances had been caused to shrink immoderately because of the resultant facial defect.

The basic limits for Liability insurance are from five to ten thousand dollars. This means merely that the company will be liable up to \$5,000 for the claim of one person and up to \$10,000 for the claims of two or more.

This latter might also be termed catastrophe. Because of the high judgments now being awarded it is advisable for the ordinary man to carry more than basic limits, twenty-five to fifty thousand dollars being far more desirable.

The foregoing explains in detail the various forms of Automobile Insurance. Questions addressed to the Editor of MEDICAL ECONOMICS on the subject will be gladly answered.

Fundamentals of Investment

(Concluded from page 12)

mortgage bondholders of corporations, the only junior security of which is common stock. The reason is that in the event of the necessity of a reorganization the holders of the junior securities may be obliged to meet assessments in order to salvage what value is left of their claims; and through being forced to meet these assessments as a matter of self defense, they involuntarily protect the position of the senior security holders.

Possibility of Profit

In seeking profits the speculator should always measure the possibilities of gain in terms of the risk involved. To illustrate, he should not permit himself to be attracted by the lure of the theoretically large profits to be accumulated by pyramiding on a ten-point margin. The risk he runs is so great as to indicate almost inevitable financial disaster.

If his speculative commitment does not hold out the promise of a greater return than he can secure from investment, he can have no logical reasoning for speculating. For example, if he buys a non-income-producing stock at 100 and sells it a year later at 106 he has made no more money than has the holder of a 6 per cent investment. Speculators commonly overlook the significance of this consideration.

Unseasoned stocks should usually be avoided. The prospectuses of new enterprises are

often luridly attractive and almost always non-productive except for some unscrupulous promoter. Stocks that have met the test of the survival of the fit throughout the successive stages of at least one business cycle are suitable for conservative speculation and none other.

How to Speculate

The speculator should not undertake to skim profits from day-to-day fluctuations in the stock market, or even from the intermediate swings. He should buy and sell on the long swings only. His surest profits are to be made on securities bought during a depression and sold with the succeeding wave of prosperity. He should try neither to buy at the extreme bottom nor to sell at the extreme top. He should be willing to let the other fellow take the crumb of profit that drops from the bigger slice of risk.

Not all people should speculate. No one should risk all his money in speculation. The younger the man the more risk he can afford to take. The older the man the less risk he ought to run and the greater his need of being an investor. A man with dependents cannot honorably incur serious risks. Money borrowed on life insurance policies should not be used for speculative purposes. A man with a debt to pay on a certain day must not risk in speculation the money to meet that obligation.

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